## APPLICATION FOR MINOR WORK PERMIT

- 1. You must be a currently enrolled student at Cleveland Central Catholic High School.
- 2. All three (3) sections of the application must be completed:
  - a. Part I To be completed by the student/family and signed by the parent/guardian.
  - b. Part II To be fully completed by the employer: Note actual schedule must be noted in number of days and work times. IF HOURS VARY, enter representative hours in the spaces – DO NOT WRITE "VARIES" (we cannot process the application without this information).
  - c. Part III To be completed by your physician.

When processed, STUDENT must sign both copies of the work permit: one is to be given to the employer and the second copy and application will be retained at the school.

## **APPLICATION FOR MINOR WORK PERMIT**

3331.02 ORC 4109.02 ORC

STUDENT / APPLICANT INFORMATION	
Name of Student / Applicant in full:	Sex: Grade Level:
	Male Female
Proof of Age (Type of document): Age: Date of Birth:	Physician's certificate:
	Submitted with this application Valid physician certificate on file
Address of Student /Applicant:	this application certificate on file
School District: Building:	
Parent or Guardian:	Parent or Guardian Telephone Number:
	r arent or Guardian relephone Number:
Address of Parent or Guardian:	
NAMED ABOVE WILL WORK WITH MY APPROVAL.	BY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE NOTED DOCUMENTARY PROOF OF AGE.
X	
Signature of Parent or Guardian Superinte	endent / Chief Adminstrative Officer / Designated Issuing Officer
Date Signed	Name of Office
HE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL ERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE.	
DI EDGE OF FUDI OVED	Address of Office
PLEDGE OF EMPLOYER	
lame of Firm:	Telephone Number at Minor's Work Location:
ddress of Student /Applicant's Place of Employment, Job Site, or Work Location:	
pecific Nature of Employment:	
,	
mployer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY	IF MINOR WORKS A VARIED OR
	IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN
o. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:	ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE
(2) (3) (4)	LIMITS OF THE LAW?
HE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CH MPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR ITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON A VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE C VAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER	AS COPY OF THE WAGE AGREEMENT IN ACCORDANCE AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE
Signature of person authorized to sign for employer	Date signed Telephone number
Address of employer if different from minor's place of employment E-I	Meil address
Address of employer if different from minors place of employment (O)	Mail address ptional- if employer wants notification in case of revocation)

## PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331,02 ORC

APPLICANT INFO	RMATION						
Name of Student / Applicant in	full:					Sex:	
						Male Male	Female
Date of Birth:	Height:	Weight:		Color of Hair:		Color of Eyes:	
	ft. in	ւ	lbs.				
Distinguishing Characteristics, i	f any:						
School District:			Buildi				
School District:			BUILDE	ng:			
Parent or Guardian:					D		
					Parent or t	Guardian Telephone	Number:
PHYSICIAN'S APP	ROVAL						
THE LINDERSIGNED HEREBY	CERTIFIES THAT THEY HAVE						
THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;			NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.				
ls	IS NOT		Limite	d Certificate;	YES	☐ NO	¥
IN THEIR OPINION PHYSICALL ANY EMPLOYMENT NOT FORE THIS AGE AND SEX.	Y FIT TO PERFORM THE WO BIDDEN BY LAW TO A PERSO	ORK OF ON OF	if Mari Emplo	ked YES; yment should be l	Limited to Work	Specified Below:	
X							
Physician	n's Signature						
Date	Signed						

LAWS COM 0000 (Replaces OHIO FORM V)